

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">11</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / <u>MRS</u> / MR FIRST <u>Hulyn</u> MI NICKNAME LAST <u>Christopher</u> SUFFIX		OFFICE USE ONLY Date Received <div style="font-size: 1.5em;">APR 1 2019 PM 2:12</div> <u>LMK</u> Date Hand-delivered or Date Postmarked <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
	Receipt #	Amount \$									
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em;">2520 Peterson Dr. Cedar Park, Tx 78613</div>											
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 337-5850</div>											
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <u>Self</u> MI NICKNAME LAST SUFFIX										
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.5em;">Same</div>										
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">()</div>										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="font-size: 1.5em; text-align: center;">1 / 31 / 19</td> <td></td> <td style="font-size: 1.5em; text-align: center;">3 / 25 / 19</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	1 / 31 / 19		3 / 25 / 19		
Month Day Year	THROUGH	Month Day Year									
1 / 31 / 19		3 / 25 / 19									
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 4 / 19</div> </td> <td style="width:60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 4 / 19</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE	<table style="width:100%;"> <tr> <td style="width:50%;"> OFFICE HELD (if any) </td> <td style="width:50%;"> 13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em;">City Council Place 3</div> </td> </tr> </table>			OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em;">City Council Place 3</div>						
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 125.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,498.64

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 44.47

4. TOTAL POLITICAL EXPENDITURES

\$ 2,348.51

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

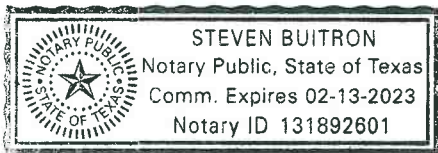
\$ 6,576.16

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 1,500.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Hulagne Christopher

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Hulagne Christopher, this the 15th day of April, 20 19, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Hulgre Christopher

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7430.30
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,143.34
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1,500.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

Hulyn Christopher

3 Filer ID (Ethics Commission Filers)

4 Date

2-1-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anthony Dale Campaign

6 Contributor address;

City; State; Zip Code

**2800 E Whitestone St, 120 PMB 208
Cedar Park TX 78613**

7 Amount of contribution (\$)

\$ 2,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-22-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jon Lux Campaign

Contributor address;

City; State; Zip Code

108 Breakaway Rd. Cedar Park TX 78613

Amount of contribution (\$)

\$ 3,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-12-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Andy Pitts

Contributor address;

City; State; Zip Code

3705 Lajitas Leander, TX 78641

Amount of contribution (\$)

\$ 1203.30

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-4-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark Ayotte

Contributor address;

City; State; Zip Code

1401 Little Elm Trail unit 300 Cedar Park TX 78613

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME **Hulyne Christopher**

3 Filer ID (Ethics Commission Filers)

4 Date

3-14-19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tom Moody

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

2619 Izora Bend Cedar Park TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-8-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Susan Merrick

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

1715 Cattle Drive Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-5-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary Helen Horn

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

319 Bandstand Lane Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-18-19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Karen Zabcik

Amount of contribution (\$)

\$ 77.00

Contributor address;

City; State; Zip Code

2013 Burrie Bishop Place Cedar Park TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME Hulynne Christopher

3 Filer ID (Ethics Commission Filers)

4 Date 3-5-19
 5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Jeanne Newman
 6 Contributor address; City; State; Zip Code
2304 Aldworth Dr. Cedar Park Tx 78613

7 Amount of contribution (\$)
\$75.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date MC 3-19-19
 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Jeanne Newman
 Contributor address; City; State; Zip Code
2304 Aldworth Dr. Cedar Park, TX 78613

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3-5-19
 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Anthony M. Harvey
 Contributor address; City; State; Zip Code
1500 Elkins Ln Cedar Park Tx 78613

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
 Full name of contributor ☐ out-of-state PAC (ID#: _____)
 Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Hulynes Christopher</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>2,143.34</u>	
5 Date <u>3-19-19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jon Sewett</u>	8 Amount of Contribution \$ <u>\$1143.34</u>	9 In-kind contribution description <u>mailer</u>
7 Contributor address; City; State; Zip Code <u>2102 Ridgeway Bend Cedar Park Tx 78613</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lyle Grimes</u>	Amount of Contribution \$ <u>\$2,000.00</u>	In-kind contribution description <u>Mktg, Data website web design</u>
Contributor address; City; State; Zip Code <u>2307 Mayfield Way Cedar Park Tx 78613</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Huliyre Christopher		3 Filer ID (Ethics Commission Filers)	
4 Date 2/17/19		5 Payee name Lyle Grimes - ^{HL} Texas CMS			
6 Amount (\$) \$1429.93		7 Payee address; City; State; Zip Code P.O. Box 93 Leander Tx 78646			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expenses		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Large Signs & doorhangers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/21/19		Payee name Vistago Print			
Amount (\$) \$428.67		Payee address; City; State; Zip Code 7301 Bark Ranch Rd, Lago Vista Tx 78645			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/21/19		Payee name Home Depot			
Amount (\$) \$118.83		Payee address; City; State; Zip Code 2700 E Whitestone Blvd Cedar Park, Tx 78613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wood & supplies for sign stands	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Hulyn Christopher	3 Filer ID (Ethics Commission Filers)
4 Date 2-25-19	5 Payee name Costco	
6 Amount (\$) \$211.26	7 Payee address; City; State; Zip Code RD, 4601 183A Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kickoff Event

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-22-19	Payee name Facebook		
Amount (\$) \$160.00	Payee address; City; State; Zip Code 1601 Willow Rd. Menlo Park, CA 94025		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media ads	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>1</u>	2 FILER NAME <u>Hulyne Christopher</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>11/31/19</u>	5 Payee name <u>City of Cedar Park</u>
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6 Amount (\$) <u>\$50.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>450 Cypress Creek RD Cedar Park 78613</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Filing Fee</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Hulyne Christopher

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

1/31/19

7 Name of lender

☐ out-of-state PAC (ID#: _____)

Hulyne Christopher

9 Loan Amount (\$)

\$1,500.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address;

City;

State;

Zip Code

2520 Peterson Dr. Cedar Park, TX 78613

10 Interest rate

☒

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account (See Instructions)

☐

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.